The Government Performance and Results Act in a Nutshell: Implications for the IHS and its Stakeholders

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What is It?

The passage of the 1993 Government Performance and Results Act (GPRA) or the "Results Act" may prove to be one of the more profound changes in Federal government accountability. This law requires Federal agencies to demonstrate measurable results or benefits gained by the consumers of Federal programs. In addition, these results must be accomplished in such a way that there is a clear audit trail from funding/appropriation to the activities or outputs of Federal agencies, and ultimately to the results or outcomes of these activities.

While Federal programs have experienced a number of management directives over the past few decades such as "Zero-Based Budgeting, Management by Objectives, Total Quality Improvement and Continuous Quality Improvement, none of these initiatives were statutes unanimously passed by Congress. Rather than drifting into the background as others all have, the GPRA and its related statutory requirements are being increasingly focused on by Congress and the Executive Branch (including the Office of Management and Budget or OMB), in making funding decisions. Clearly the GPRA and what can be called the "era of performance management" is a reality for today's Federal organizations and those they serve.

What Does it Require?

Another way to view the GPRA is as a mandate for Federal programs to use systematic planning and evaluation. In this light, the law has three basic requirements: 1) a strategic plan covering a five-year span; 2) an annual performance plan, and 3) an annual performance report. The strategic plan must spell an agency's mission, goals, and approach to accomplishing them as well as overview factors influencing success. At this point in time, the IHS is not required to develop its own independent strategic plan, but contributes to the Department's more global strategic plan. However, the IHS drafted its own strategic plan for internal use and to underpin the annual performance plan. To a large extent the IHS Strategic Plan is based on the recommendations of the Indian Health Design Team, a group of stakeholders the IHS Director empowered in 1995 to develop the plan for the reorganization of the IHS.

The second requirement of GPRA is the annual performance plan that represents the real demands of the law. Each agency in DHHS is required to submit an agency-specific annual performance plan with the submission of its budget request. Preparing this annual performance plan is a complex process that requires selecting performance indicators that represent commitments to accomplishing meaningful "results" for the major funding categories in the IHS budget. The issue of how demanding should we make the indicators (i.e., how high to set the bar) has no simple answer. There are two extremes we need to avoid in selecting performance indicators. The first is setting a level of attainment that is perceived by Congress, the Department, or OMB as minimal or weak, and could thus lead to a lack of support for funding requests. On the other hand, if we select indicators beyond our capability to achieve, we can demoralize staff and risk future funding support because of failing to meet our commitments.

The development of the annual performance plan in the IHS is linked to the budget formulation process which begins at the local level, moves to Area level, and finally to a single IHS budget request. For the past three budget cycles, performance indicators have been selected to support the funding priorities identified by stakeholders in this budget formulation process. Additional input in selecting indicators has been gained by consulting with clinical, epidemiology, and statistical/data experts. As much as possible, indicators are selected which do not require additional data collection efforts. The FY 1999 IHS Performance Plan was made up of 27 indicators, the FY 2000 IHS Final Performance Plan contains 34 indicators, and proposed FY 2001 Annual Performance Plan has 37 indicators.

The last requirement of the GPRA law, the annual performance report, basically provides an answer to the question: how did the agency do in accomplishing its performance plan? In addition to reporting on the level of attainment of each performance indicator, the annual performance report allows an agency to discuss the factors that assisted or impeded the accomplishment of the indicators. The first annual performance report (for the FY 1999 performance plan) was required to be included with the Congressional submission of the FY 2001 budget request in January of 2000.

GPRA and the IHS: Challenges and Opportunities!

The IHS and a growing number of its stakeholders have embraced the GPRA as an opportunity since what it mandates is essentially the same planning and evaluation processes that good public health programs have used for years. While the GPRA is a good fit for a public health agency, it is more difficult to execute in a decentralized agency such as the IHS. The IHS can submit only one performance plan and one set of performance indicators for all IHS, Tribal and Urban Indian (I/T/U) programs. Successfully accomplishing GPRA in the IHS will be a challenge because of the loss of public health infrastructure that has occurred as a result of absorbing over $400 million in mandatory cost increases since 1992, and the growing trend of decentralization and increasing tribal management of local health programs. While the IHS is responsible for reporting to Congress and the Administration on all Indian health expenditures, Tribal programs do not have to provide GPRA data to the IHS. Thus the challenges the IHS must face in implementing GPRA include:

- identifying indicators that are broadly accepted and supported across local I/T/U programs and for which data are available
- compiling data for performance indicators from diverse and sometimes poorly compatible data systems
- securing an adequate representation of Tribal program GPRA data, on a voluntary basis, to satisfy Congress, OMB and the Department
- successfully achieving and documenting the level of attainment proposed in annual performance plans

Despite these challenges, the GPRA process in conjunction with the budget formulation process has served Indian health well thus far in two important ways. First, the GPRA/Budget Formulation process has increased collaboration and understanding of public health and budgeting across the diverse IHS stakeholders. Clearly the process of addressing these issues beginning at the local level and moving up has aligned and mobilized tribal leaders and consumers about funding issues that address significant public health problems. In this process health program staff have learned more about the IHS budget process and budget/finance staff have learned more about public health. But probably of most importance, tribal leaders and consumers have learned more about both public health and budgeting, and used this knowledge within the political system to speak with a more unified voice, supported by data, to justify funding enhancements.

The second benefit of the GPRA/Budget Formulation process is the results that were realized with the President's proposed FY 2001 budget for the IHS. For the second year since FY 1992, the IHS proposed funding level includes an emphasis on the mandatory cost increases plus several program enhancements, and puts the IHS at the top of the Department's priority list in FY 2001. Based on feedback from OMB and the Department, it is clear that the strength of the IHS annual performance plans for FYs 1999 and FY 2000 were positive factors in their support for FY 2001 funding enhancements. In addition, several sources of anecdotal data strongly suggest that the frequency and consistency of tribal input directed towards the Department, Congress, and OMB also contributed to these enhancements and will be even more important as the IHS budget moves into Congressional hearings.

GPRA and the Future of Indian Health Issues

FY 2000 is certainly an important and demanding year relative to GPRA. For the first time we have submitted a report on the I/T/U performance in comparison to the targets we set for ourselves in the FY 1999 annual performance plan. We are in the process of executing the FY 2000 annual performance plan, revising the FY 2001 annual performance plan, and beginning to draft the FY 2002 annual performance plan. From the local I/T/U to IHS Areas and Headquarters the learning curve has been steep, and the needed efforts are clearly increasing as all signs and indications from the Department, OMB, and Congress continue to point to an increase focus on GPRA. Given the Administration's current policies and initiatives relative to eliminating racial and ethnic health disparities, the IHS can continue to use the GPRA process to leverage increased resources to address the significant disparities in health status American Indian and Alaska Native people experience. However, we must be able to document "results" as part of the process. Indeed with reasonable funding and support of our diverse stakeholders we can and will.

In a nutshell, the GPRA is a good law that actually allows the IHS and its stakeholders to define what is important to accomplish relative to the health of the American Indian and Alaska Native people. It requires that we be accountable for accomplishing our mission, and certainly we should be. Likewise, the Federal Government must meet its obligation to provide reasonable funding support to this end. Policies about disparities are meaningless without the resources to address them. To succeed in this effort will require a high level of collaboration and cooperation from all levels of the Indian health system. Specifically, everyone is encouraged to:

- participate in GPRA/ Budget Formulation activities to define funding and performance priorities
- advocate for and support the GPRA process at all levels but particularly the I/T/U level
- advocate using consistent valid data for needed appropriations through all available legal mechanisms